



# COUNTY OF SONOMA

575 ADMINISTRATION  
DRIVE, ROOM 102A  
SANTA ROSA, CA 95403

## SUMMARY REPORT

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**Agenda Date:** 4/30/2024

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**To:** County of Sonoma Board of Supervisors  
**Department or Agency Name(s):** Department of Health Services  
**Staff Name and Phone Number:** Tina Rivera, 707-565-4774  
**Vote Requirement:** 4/5th  
**Supervisorial District(s):** Countywide

**Title:**

Drug Medi-Cal Organized Delivery System Readiness Staffing Allocation

**Recommended Action:**

- A) Adopt a personnel resolution amending the Department Allocation List of the Department of Health Services, effective May 1, 2024.
- B) Adopt a resolution authorizing budgetary adjustments to the fiscal year 2023-2024 adopted budget, appropriating \$50,000 to reflect revenue and expenditures associated with the requested position allocations. (4/5th vote required). □

**Executive Summary:**

The Department of Health Services (hereinafter, “DHS” or “the Department”) proposed to the Board of Supervisors on [April 18, 2023 <https://sonoma-county.legistar.com/LegislationDetail.aspx?ID=6165249&GUID=A255811A-5581-4AD2-BBDD-98439DB36633&Options=Text|&Search=Drug+Medi-Cal+Organized+Delivery>](https://sonoma-county.legistar.com/LegislationDetail.aspx?ID=6165249&GUID=A255811A-5581-4AD2-BBDD-98439DB36633&Options=Text|&Search=Drug+Medi-Cal+Organized+Delivery) the implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS) plan for the comprehensive delivery of substance use disorder (SUD) treatment services to Medi-Cal-eligible individuals. California’s DMC-ODS program was the nation’s first SUD treatment demonstration project under Medicaid Section 1115 authority, approved by the Centers for Medicare and Medicaid Services in 2015. Since the DMC-ODS waiver began in 2015, all California counties were given the option to participate in the program to provide their Medi-Cal beneficiaries residents with a range of evidence-based SUD treatment and recovery services in addition to those available under the Medi-Cal State Plan. As of today, 37 counties have opted into the waiver, representing 96 percent of the Medi-Cal population statewide.

In order for Sonoma County to join the California counties who have already implemented the DMC-ODS plan, DHS will require staff and associated appropriations to administer the program. Five (5.0) additional FTEs across the Behavioral Health division will be required to perform the various functions to establish and maintain the DMC-ODS plan. These, together with the (eight) 8 positions approved in January 2024 will bring the department’s DMC-ODS program unit staffing total to 13, which will implement and administer phases 1, 2, and 3 included in the application that resulted in the plan approved by the California Department of Health Care Services.

**Discussion:**

California’s DMC-ODS program was the nation’s first SUD treatment demonstration project under Medicaid Section 1115 authority, approved by the Centers for Medicare and Medicaid Services (CMS) in 2015. Since the DMC-ODS waiver began in 2015, all California counties have had the option to participate in the program to

provide their resident Medi-Cal beneficiaries with a range of evidence-based SUD treatment and recovery services in addition to those available under the Medi-Cal State Plan. The introduction of California Advancing and Innovating Medi-Cal (CalAIM) brought about updates to Medi-Cal programs, including the DMC-ODS, with some of the reforms and updated regulations taking effect in January 2022 and majority of the additional reform is set to take effect in July of 2023.

The California Department of Health Care Services (DHCS) received approval from CMS on December 29, 2021, to reauthorize the DMC-ODS in the CalAIM Section 1915(b) waiver through December 31, 2026. As of today, 37 counties have opted into the waiver, representing 96 percent of the Medi-Cal population statewide.

On April 18, 2023, the Board received DHS staff's proposed DMC-ODS waiver draft and authorized the Director or designed to enter into the plan by submitting an application to the state. The County of Sonoma DMC-ODS plan is anticipated to be approved by the state in the first half of FY 24-25.

The staff required to administer the DMC-ODS plan has been divided into two cohorts. The first cohort of 8.0 FTEs approved by this Board on January 9, 2024, have begun to initiate planning and designing the Implementation Plan (IP). This action requests the addition of a 'Readiness' cohort of 5.0 FTEs which will be hired to start testing and operationalizing the DMC-ODS plan. The staggered hiring of cohorts coincides with the sequencing of Phase 1 and Phase 2 of the high-level IP presented to the Board in April 2023.

**Phases of the Implementation Plan:**

- Submit Implementation Plan (IP)
- Phase 1 (2.5-3 months from receipt of IP by Department of Health Care Services (DHCS)) - Cohort 1 is hired.
  - Receive and incorporate feedback from DHCS, if needed
  - Receive preliminary approval from DHCS
- Phase 2 (5-8 months from receipt of IP submission) - Cohort 2 is hired.
  - Conduct a fiscal review
  - Submit a fiscal plan
  - Conduct a readiness review
  - Submit a readiness review
  - Carry out a network certification process
- Phase 3 (1-2 months prior to the "go-live" date)
  - Submit a Master Provider File
  - DHCS will draft and finalize a county-specific intergovernmental agreement
  - County may begin offering DMC-ODS benefits to eligible Medi-Cal beneficiaries

Cohort 1 Composition (7 of the 8 staff have been hired or are in some stage of transfer/ background.)

The first cohort comprised of the following 8.0 FTE:

- 1.0 SUD Health Program Manager (2634-HPM)

- 1.0 Health Care Compliance Analyst (2420-PCA)
- 2.0 QAPI Program Planning & Evaluation Analyst (0880-PPEA)
- 1.0 SUD AODS Specialist (2684-AODSSPC)
- 3.0 SUD AODS Counselor (2683-AODSCOUNSII)

Members of the first cohort will work with the Department of Health Care Services (DHCS) to develop the Implementation Plan. The Implementation Plan is meant to show DHCS that Sonoma County possesses comprehensive knowledge and operational resources to implement DMC-ODS. After submission, there will be collaborative communication between the Department and DHCS to finalize the Implementation Plan for approval by the state. Upon granting of DHCS approval, DHCS will enter into an inter-governmental agreement with the DHS to administer DMC-ODS through a Prepaid Inpatient health plan.

**Readiness Cohort Composition (CURRENT REQUEST)**

The second cohort will be comprised of the following 5.0 FTE:

- 1.0 Behavioral Health Clinician
- 2.0 Department Analyst
- 1.0 Senior Client Support Specialist
- 1.0 Senior Office Assistant

Administration of DMC-ODS requires the provision and reporting of services as outlined in DHCS regulations. The addition of administrative personnel is key to the Department meeting its responsibilities in these areas. Adequate Finance, Contract, and IT positions will be necessary to coordinate with program staff in the Behavioral Health division. Additional Quality Assurance Performance Improvement (QAPI) staff are needed to monitor adherence to state procedural guidelines.

**Strategic Plan:**

This item directly supports the County's Five-year Strategic Plan and is aligned with the following pillar, goal, and objective.

**Pillar:** Healthy and Safe Communities

**Goal:** Goal 1: Expand integrated system of care to address gaps in services to the County's most vulnerable.

**Objective:** Objective 2: Identify gaps in the Safety Net system of services and identify areas where departments can address those gaps directly, and seek guidance from the Board when additional resources and/or policy direction is needed.

**Prior Board Actions:**

On January 9, 2024, the Board A) Adopted a personnel resolution amending the Department of Health Services Department Allocation List to add 8.0 full-time equivalent position allocations as detailed in the attached resolution, effective January 9, 2024; and B) Adopt a resolution authorizing budgetary adjustments to the fiscal year 2023-2024 adopted budget, programming \$1,094,200 of state and federal revenue to finance requested position allocations.

On April 18, 2023 the Board A) received a report on the Drug Medi-Cal Organized Delivery System Waiver Draft

Implementation Plan and B) authorized the Director of Health Services, or designee, to enter into the Drug Medi-Cal Organized Delivery System Plan by submitting an application to the California Department of Health Care Services and work with the California Department of Health Care Services to develop the necessary Drug Medi-Cal Organized Delivery System structures.

**FISCAL SUMMARY**

<b>Expenditures</b>	<b>FY 23-24 Adopted</b>	<b>FY 24-25 Projected</b>	<b>FY 25-26 Projected</b>
Budgeted Expenses	\$170,823	\$1,015,710	\$1,042,281
Additional Appropriation Requested	\$50,000		
<b>Total Expenditures</b>	<b>\$220,823</b>	<b>\$1,015,710</b>	<b>\$1,042,281</b>
<b>Funding Sources</b>			
General Fund/WA GF			
State/Federal	\$220,823	\$1,015,710	\$1,042,281
Fees/Other			
Use of Fund Balance			
Contingencies			
<b>Total Sources</b>	<b>\$220,823</b>	<b>\$1,015,710</b>	<b>\$1,042,281</b>

**Narrative Explanation of Fiscal Impacts:**

The 5.0 FTEs of this Cohort will be hired by May 2024 and require pro-rated payroll expenses of \$220,823 in FY 23-24 which consists of \$170,823 for salary/wages and benefits and \$50,000 of one-time costs of which the department is requesting additional appropriations see attachment 2. Subsequent fiscal years will contain full-year payroll costs for the 5.0 FTEs and be incremented by a 3% COLA assumption. Funding for the payroll expenses of the 5.0 FTE will be provided by local matches from Realignment (in year 1) and Opioid Settlement Funds (in subsequent years) in order to draw down Federal Financial Participation (FFP) from Medi-Cal reimbursement. No County General Fund will be required.

2011 Realignment funds will be used as 50% match in the first year, and then the higher FFP reimbursements from Medi-Cal estimated to be at least 60% in year 2 onward will gradually replace 2011 Realignment. Contributions from Opioid Settlement Funds will be ongoing for the next 18 years.

Additionally, \$50,000 in one-time costs are needed to setup the workstations of the 5.0 FTE being requested. At \$10,000 per new employee, the Fixture, Furniture & Equipment (FF&E: computers, office chairs, cubicles) will be required up-front. The attached budget resolution accounts for these one-time costs, which are eligible for reimbursement at the initial 50% rate.

<b>Staffing Impacts:</b>			
<b>Position Title (Payroll Classification)</b>	<b>Monthly Salary Range (A-I Step)</b>	<b>Additions (Number)</b>	<b>Deletions (Number)</b>
Behavioral Health Clinician	\$8,212.82 - \$9,981.65	1.0	0.0
Department Analyst	\$7,718.87 - \$9,383.34	2.0	0.0

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**Agenda Date:** 4/30/2024

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Senior Office Assistant	\$4,843.86 - \$5,887.42	1.0	0.0
Senior Client Support Spec.	\$6,664.87 - \$8,101.50	1.0	0.0

**Narrative Explanation of Staffing Impacts (If Required):**

If approved, the Department will coordinate with County Human Resources to process recruitments. Four of the five FTE will be part of a “Readiness Cohort” for a new program starting in FY 2024-2025 called the DMC-ODS Waiver program. The work assigned to the Readiness Cohort will be new and not have been assigned previously to anyone. One Department Analyst position will pick up duties related QAPI’s current responsibilities, for which there is currently inadequate staffing.

**Attachments:**

Attachment 1 - Personnel Resolution

Attachment 2 - Budget Resolution

**Related Items “On File” with the Clerk of the Board:**

None